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APPLICANTS
Paul Cooper, Washington, DC;
Mamdouh Elsakka, Warsaw, IN;
Joel Mohrman, Fort Wayne, IN;
John Pepper, Cheshire, CT;

** CONTINUING DATA ***************************

** FOREIGN APPLICATIONS ********************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed ☐ yes ☐ no 35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials	STATE OR COUNTRY DC	SHEETS DRAWING 12	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4

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TITLE
EXTERNAL BONE/JOINT FIXATION DEVICE

FILING FEE RECEIVED 1664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit